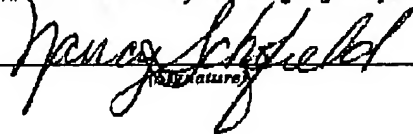
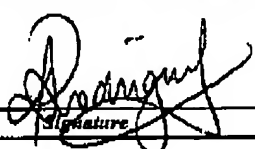


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 141621-1
Applicant(s): Safwat Tadros			
Application No. 10/705,590	Filing Date November 10, 2003	Examiner Melba N. Bumgarner	Group Art Unit 3732
Invention: FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF			RECEIVED CENTRAL FAX CENTER MAR 13 2006
I hereby certify that this <u>Amendment Transmittal Letter (1 page); Amendment (11 pages)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>) on <u>March 13, 2006</u> (Date)			
<u>Nancy Schofield</u> (Type or Printed Name of Person Signing Certificate)  (Signature)			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 141621-1	
Applicant(s): Safwat Tadros						
Application No. 10/705,590	Filing Date November 10, 2003	Examiner Melba N. Bumgarner	Customer No. 23413	Group Art Unit 3732	Confirmation No. 6234	
Invention: FORMABLE SHEETS FOR MEDICAL APPLICATIONS AND METHODS OF MANUFACTURE THEREOF						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	23 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3621 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div>						
<div style="text-align: center;"> _____ Signature</div> <div>David E. Rodrigues Registration No. 50,604 Customer No. 23413 (860) 286-2929</div>			Dated: March 13, 2006			
cc:			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on March 13, 2006 (Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">VIA FACSIMILE</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>			

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141621-1

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MAR 13 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Safwat Tadros)
Serial No.: 10/705,590) Group Art Unit: 3732
Filed: November 10, 2003) Examiner: Melba N. Bumgarner
For: FORMABLE SHEETS FOR MEDICAL)
APPLICATIONS AND METHODS OF)
MANUFACTURE THEREOF)

VIA FACSIMILE: (571) 273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is submitted in response to the Office Action dated January 11, 2006.
Please amend the Application as follows: